

Hospital Utilization Review Quarterly Stakeholder Meeting

Office of Inspector General Investigations and Reviews Division Surveillance Utilization Review

April 25, 2022



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Team Lead
Hospital Utilization Review
Lock-In Program
Surveillance Utilization Review
Investigations and Reviews Division



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Deputy Inspector General Surveillance Utilization Review



- The OIG has reviewed all records received for both managed care samples of Encounter data from the STAR and STAR+PLUS Medicaid Programs.
- Encounters not issued a Technical Denial were released back to the MCOs.
- Hospitals with all approved encounters have been notified.
- HUR continues to review the results of both managed care samples.



 Sample quarter 1/2019 review of 5357 claims for date of service 09/01/2018 through 11/30/2018 and sample quarter 2/2019 review of 6156 claims for date of service 12/01/2018 through 02/28/2019 has begun.

• Sample quarter 3/2019 claim selection has begun April 2022.



Shanna Hines MBA, RHIA, CCS, CTR

Utilization Review Program Coordinator/Medical Coder



- Coding Trends
- Documentation Improvement
- DRGs 1 TAC §355.8052 Inpatient Hospital Reimbursement



The following codes were identified as coding inaccuracies over the last year from 2021. Note the retrospective claims reviewed consisted of fiscal year 2018. They were identified monthly from coding reviews. The goal is to continue tracking and trending this information in the future and report the findings quarterly.



Coding staff referred to the corresponding Federal coding guidelines for the fiscal year reviewed and American Hospital Association coding clinics for references of the corresponding coding inaccuracies and reported this back to each individual facility with a coding summary on each claim.



Diagnosis Codes:

- D62Acute Post-Hemorrhagic Anemia
- P00.2 Newborn affected by maternal infectious and parasitic diseases
- O99.824 Streptococcus B carrier state complicating childbirth



Diagnosis Codes:

 P29.89 Other cardiovascular disorders originating in the perinatal period

P59.9 Neonatal Jaundice Unspecified

Z68Body Mass Index Codes



Diagnosis Codes:

- O36.593 Maternal care for other known or suspected poor fetal growth, third trimester
- P96.89 Other specified conditions originating in the perinatal period
- O99.02 Anemia Complicating Childbirth

Documentation Improvement

Diabetes documentation must include:

- Type of diabetes
- Body system affected
- Complication or manifestation
- If a patient with type 2 diabetes is using insulin, a secondary code for long term insulin use is required.

Documentation Improvement

Neoplasms documentation must include:

- Type Malignant (Primary, Secondary, Ca in situ)
 - Benign
 - Uncertain
 - Unspecified behavior
- Location(s) (site specific)
- If malignant, any secondary sites should also be determined
- Laterality, in some cases

Documentation Improvement

Asthma documentation must include:

- Severity of disease:
 - Mild intermittent
 - Mild persistent
 - Moderate persistent
 - Severe persistent
- Acute exacerbation



Errors:

- Inconsistent Provider Documentation
- Incomplete Documentation
- Misplaced or Conflicting Information

Sources

- ICD-10-CM Official Guidelines for Coding and Reporting 2018
- Burgess, Sheila. "More Specific Physician Documentation Needed for ICD-10-CM" Journal of AHIMA 86, no.10 (October 2015): 66-67
- AHIMA, Body of Knowledge https://bok.ahima.org
- https://www.cms.gov/medicare/acute-inpatient-pps/fy-2022-ipps-final-rule-home-page#Tables
- https://www.tmhp.com/resources/rate-and-code-updates/acute-care-hospital-reimbursement



Quality

David Hudson BSN, RN

Quality Nurse Specialist Surveillance Utilization Review



Acute care hospital cases are reviewed by individual specialist physician consultants, who make clinical recommendations regarding the care rendered by physicians or hospitals.

The following statistics taken from review activity from November 1, 2021, through March 31, 2022:

- 53 cases were reviewed by individual specialist physicians;
- 1 case resulted in clinical recommendations

Quality Review Activity - Cont'd

Statistics - continued

- Child and adolescent psychiatrists review the care provided to beneficiaries 21 years of age or younger in a psychiatric inpatient setting.
- 9 cases were reviewed by child and adolescent psychiatrists; No cases resulted in clinical recommendations;
- No cases, reviewed by either individual specialist physicians or child and adolescent psychiatrists, resulted in a corrective action determination.



Questions

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Thank You

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